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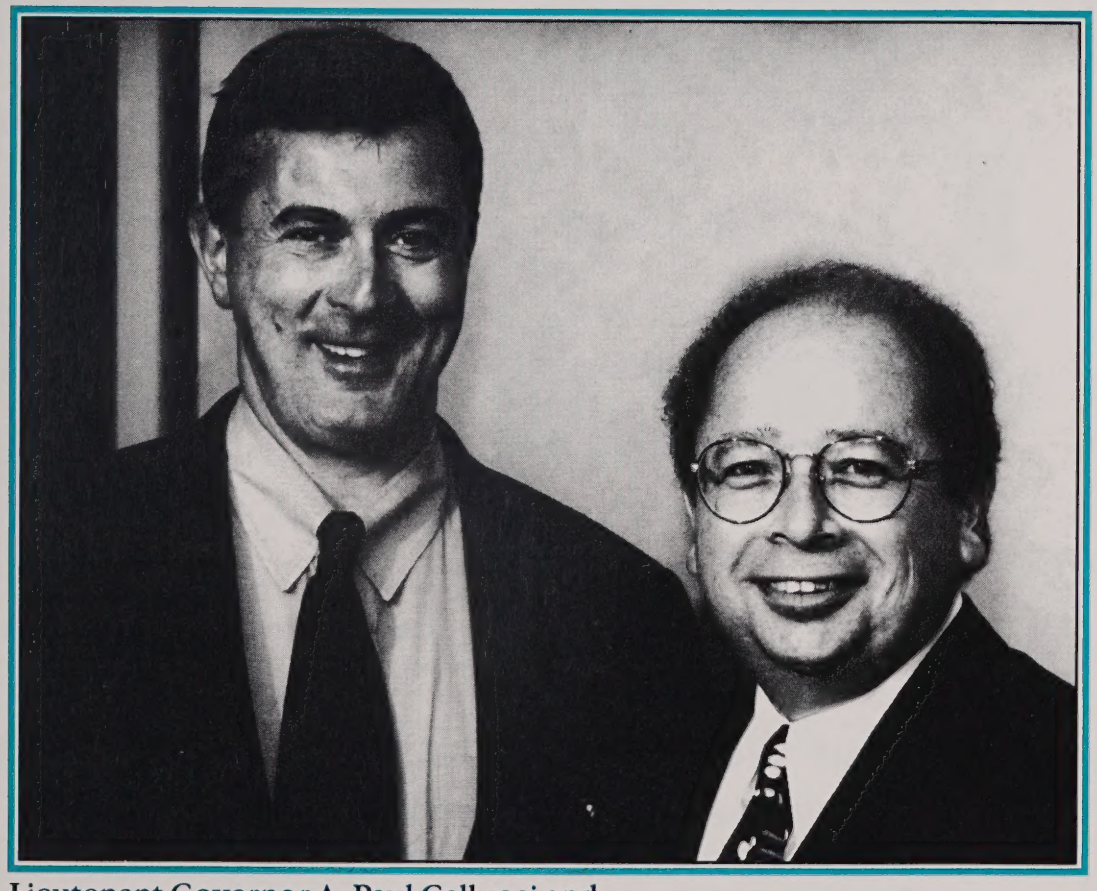

Lieutenant Governor A. Paul Cellucci and
Hampden-District President Dr. Dress at Fall Legislative Meeting

Patient Relations and Managed Care

The Hampden Hippocrat
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THE
Hampden Hippocrat
WINTER 1996

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The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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HAMPDEN DISTRICT MEDICAL SOCIETY 1996-1997 SEASON

DISTRICT MEETING

PLACE: **SHERATON SPRINGFIELD**
Monarch Place Hotel
One Monarch Place, Springfield, MA

DATE: Tuesday, January 28, 1997

BUSINESS MEETING: 6:00 p.m.

SOCIAL HOUR: 7:00 p.m.

DINNER: 7:30 p.m. SPOUSES ARE WELCOME!

SPEAKER: Percy Wootton, M.D.
President-Elect, American Medical Association

SUBJECT: AMA Reports On The Issues

NOTE: If you must cancel your dinner reservation, please call the HDMS office before noon on January 28th. If the cancellation is not made, you will be BILLED for your dinner.

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From The Editor

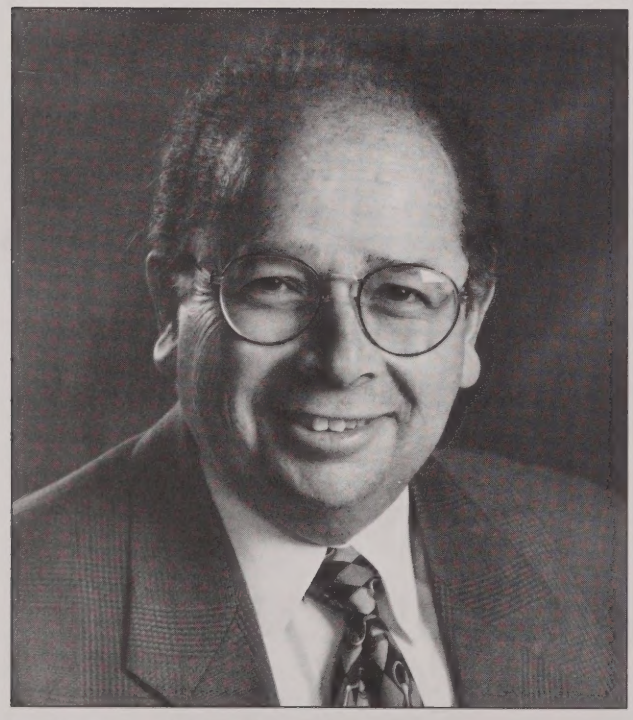
A. Paul Cellucci made a campaign stop at the fall Hampden District meeting. His remarks extolling managed care certainly didn't reach out to the medical community in any particular way. The ethical dilemmas of managed care were debated at the annual Medical Religious seminar. I have saved a fiesty Medical Legal dinner review on confidentiality for the spring issue and Dr. Dennis Gordan.

We mourn the passing of Dr. Louis Izenstein who brought his son Barry and daughter-in-law Paula into our medical community, among countless good works. The area also lost the Wesson Womens and Dr. David Booker – they brought countless souls into the Pioneer Valley. The demise of Providence Hospital as an acute care facility was completed poignantly with the distribution of the library texts to the physicians who served there once and built the library with their contributions. Best wishes for a prosperous and happy new year.

Brigid Glackin, M.D.
Editor

Patient-Physician Covenant

In 1990, eight physicians, interested in health care and the essence of medicine, began a five year collaboration to develop a statement defining the physician in the patient-physician relationship. This work culminated in May of 1995 with the publication in JAMA of the "Patient-Physician Covenant". The authors call it a covenant, because they see it as a statement of commitment to patients. Read it carefully, and if you agree with what it says and conveys, please tell me, and I will introduce a resolution at Mass. Medical's annual meeting to adopt it as policy:



Daniel Dress, M.D., President

Medicine is, at its center, a moral enterprise grounded in a covenant of trust. This covenant obliges physicians to be competent and to use their competence in the patient's best interest. Physicians, therefore, are both intellectually and morally obliged to act as advocates for the sick wherever their welfare is threatened and for their health at all times.

Today, this covenant of trust is significantly threatened. From within, there is growing legitimation of the physician's materialistic self-interest: from without, for-profit forces press the physician into the role of commercial agent to enhance the profitability of health care organizations. Such distortions of the physician's responsibility degrade the physician-patient relationship that is the central element and structure of clinical care. To capitulate to these alterations of the trust relationship is to significantly alter the physician's role as healer, carer, helper, and advocate for the sick and for the health of all.

By its traditions and very nature, medicine is a special kind of human activity-one that cannot be pursued effectively without the virtues of humility, honesty, intellectual integrity, compassion, and effacement of excessive self-interest. These traits mark physicians as members of a moral community dedicated to something other than its own self-interest.

Our first obligation must be to serve the good of those persons who seek our help and trust us to provide it. Physicians, as physicians, are not, and must never be, commercial entrepreneurs, gateclosers, or agents of fiscal policy that runs counter to our trust.

Any defection from primacy of the patient's well-being places the patient at risk by treatment that may compromise quality of or access to medical care.

We believe the medical profession must reaffirm the primacy of its obligation to the patient through national, state, and local professional societies; our academic, research, and hospital organizations; and especially through personal behavior. As advocates for the promotion of health and support of the sick, we are called upon to discuss, defend, and promulgate medical care by every ethical means available. Only by caring and advocating for the patient can the integrity of our profession be affirmed. Thus we honor our covenant of trust with patients. ■

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Ethical Implications of Managed Care

by Brigid Glackin, M.D.

The twelfth annual medical ethics seminar sponsored jointly by the Medico-Religious Committee of the Hampden District Medical Society and Mercy Hospital was held on Wednesday, October 16, 1996 at the Deliso Center at Mercy Hospital, Springfield. Panelists who led the subsequent discussion groups included Attorney Ted Brown of the Board of Trustees of Springfield Municipal Hospital; Patricia Nadle, Director of Clinical Affairs for Baystate Medical Center's Childrens' Hospital; Marsha Palmer, L.I.C.S.W., of the Social Work Department at Mercy Hospital; and Rabbi Herbert Schwartz of Temple Beth El and of the Ethics Committee of the Jewish Nursing Home of Longmeadow.

Managed care is not inherently evil or unethical but greed is.

Dr. Peter Demos, chairman of the Medico-Religious Committee welcomed the 160 health care professionals who attended. Reverend Bruce Benander of the Bethesda Lutheran Church welcomed the guest speaker, Dr. Robert Orr, M.D., Director of Clinical Ethics at Loma Linda University Medical Center, a Seventh Day Adventist institution. After graduating from McGill University medical school, Dr. Orr practiced family medicine for 18 years in Vermont before undertaking a fellowship in clinical medical ethics at the University of Chicago in 1989. A summary of his remarks is given below.

The motto of the Loma Linda Medical School is "to make man whole" exemplifying the need to serve the whole patient. We must ask how do you manage "caring?" Some say managed care is trying to figure out what goes on between the doctor and the patient and to stop it. We are here to address the good and the evil in managed care. The American way of health care has limited access to care for the uninsured and let their care be provided in ERs. Previously those with insurance had unlimited access to doctors and tests. From the 1950s to the 1990s, the percentage of the gross national product devoted to health care expenditures rose from 6% to 13%. During this time educational spending remained stable at 6% and spending for the military declined from 6%. The United States currently spends more per capita on health care than any other country in the world.

Traditionally, medical practitioners concentrated on individual needs and society made medical policy. Allocation decisions include *microallocation* which involves the individual; *macroallocation* which determines which services should be available and *megaallocation* which determines what percentage of the society's resources should be spent on health care. Clinicians clearly must be concerned with health policy. One view calls before 1965, the Age of Hippocrates; 1965 to October 1, 1983, (Medicare DRGs instituted) the Age of the Patient; and after DRGS, the Age of the Payor.

The original doctor-patient relationship evolved to a doctor-patient-insurer relationship and then to a doctor-patient-insurer-employer relationship and the further evolution to managed care. The analysis of the total cost of health care per the number of US employed shows that indemnity insurance costs $4,080 per employee to $3700 for PPOs, to $3566 for POS plans, to $3130 for staff model HMOs. This highly significant cost saving is very attractive to employers. As a result of this change in the doctor-patient relationship and in the mode of health care financing, the financial insecurity of illness has been shifted from the patient to the insurer and to those providing the care.

The focus of managed care is to save by not overtreating, by doing less. This involves a shift-

ing of risk from the insurer to the professional. If we ask "do financial incentives influence medical decisions?" we can look at various studies. A study was conducted of 6500 primary care physicians comparing those who offered Xrays and obstetrical ultrasound in their offices with those who did not. The physicians' ordering practices for the diagnoses of URI, obstetrical care, low back pain and prostatism were compared. The physicians with imaging facilities in their offices ordered 450% more studies than those without these facilities.

A study of physicians in an ambulatory care setting showed a 12% increase in visits, a 16% increase in Xrays, a 23% increase in labs and a 20% increase in charges when physician reimbursement was changed from an hourly wage to an incentive system. Those studies suggest that managed care can do good by reducing unnecessary or dangerous interventions. However the managed care system is bad if it reduces access and reduces quality of care.

Futile care is transfusing a decapitated patient, but it is *not futile* to do CPR on a metastatic cancer patient. Futility implies withholding nonbeneficial treatment. Rationing involves withholding treatment that *may* be beneficial. The situation is compounded by the two ethically incompatible cultures that currently exist in medicine. The traditional culture is being replaced by a business culture. Business ethics involve a goal of profit based on mass production. A condition of conflict of interest exists in which both systems of ethics claim priority and one dominates. Previous conflicts of interest included conflicts involving fee for service and prepaid care, hospital relations, medical devices and commercial labs and pharmaceuticals. Conflicts in managed care involve the threats of decreased income and of deselection. These are possible conflicts between the physician's interests and the patient's interest. Further pressures on physicians arise through reappointment processes that emphasize practice profiles and efficiency.

Physicians have always been de facto gate keepers. Recognition of conflicts of interest is needed. There should be disclosure – either voluntary or mandatory. Prohibition, for example against self referral, may be needed. Conflicts of interest can be managed by professional guidelines, by legislation, by individual good character or the insurers can change the system. M.D. involvement is needed in hospital utilization review, in hospital quality assurance and insurance plan Q.A., and in in-house technology assessment.

Doctors are in a *fiduciary* relationship with patients. Such a relationship implies that a person places faith, confidence and reliance on another who is then obligated to always act in that person's best interest. In for profit and even not for profit managed care organizations the fiduciary obligations of the plans' patients may conflict with the obligations to the stockholders. Not for profit status varies from state to state but certainly doesn't mean "charitable!"

Hospital utilization review committees make *judgments regarding facts*, but some facts like the value of a bone marrow transplant in metastatic breast cancer are unknowable. Most studies show increased benefits with increased expenditures up to a certain point. Where that point is often involves *judgments regarding values*. M.D.s confronted with limitaitons in coverage should disclose all treatment options, including those that are uncovered. M.D.s should advocate for their patients for treatment they feel is essential and there should be a well-designed appeals process. Recently patient involvement in the development of guidelines for coverage has been suggested.

A new physician strategy involves "gaming the system" in which the physician lies or distorts the truth so that treatment needed will be covered. An example is two plans we deal with who will not pay for the newest antidepressants like Prozac or Zoloft until 2 tricyclic antidepressants have been tried. Such a trial might take 2 to 8 weeks and it is tempting to lie and say the patient has intolerable side effects. A defense of this strategy would be "a compensation for an unjust system." Against such a practice is the dishonesty and arbitrary behavior involved. Before physicians sign a managed care contract they should look at the mission statement, the business plan, the annual report and the UR system of the company. They should also look at the new member information and the advertising which may be deceptive. Managed care is not inherently evil or unethical, but greed is. ■

Cellucci on the Run at the Fall District Meeting

by Brigid Glackin, M.D.

Lieutenant Governor A. Paul Cellucci was the guest speaker at the fall legislative meeting of the Hampden District Medical Society on October 1, 1996. At that meeting his ascendancy to the governorship was an imminent possibility. His remarks are summarized below.

When Governor Weld and I came into office, we knew what we had to do. We had to put the brakes on and cut the size of government. We had to balance the budget and not raise taxes, as the prior administration had done repeatedly, so the economy of Massachusetts could recover. We did that and we now have 8000 less state employees than we had in 1991. I don't know how many of you are going to miss those 8000, but the state work force is down to 64,000. We are continuing to do the things we should be doing as a state government with a lot less people.

We began a program of cutting taxes and getting rid of unnecessary bureaucracy and things really did begin to improve in this state. I'm very proud to stand here tonight and tell you that the Massachusetts unemployment rate is 4% – 1 point less than the national average and the lowest of the eleven industrial states. Two hundred fifty thousand people are working who weren't in 1991. We faced $1.8 billion dollars in red ink and an empty stabilization fund. Today, we have balanced 7 budgets in a row and the stabilization fund is at its statutory maximum, the first time since this rainy day fund was set up in 1986.

We're trying to make state government smaller and more effective. I traveled around the state two years ago at brown bag lunches, town meetings and round tables. I developed a sense that government interferes too much in our lives. There was a poor guy in Yarmouth who brought me a stack of documents to a town meeting where I was speaking. He said, "You know, I have a fuel oil tank in my backyard with a small leak so I tried to fix it like I knew I should. So it took about 18 months and it cost $12,000 – all these engineers." It finally got to the point where it was determined that he could use this technology – some sort of bacteria to eat it up. And since he was finally ready to do it, they said you need a permit that costs $1000. I went back to the Statehouse that next day and told Governor Weld and we blew that fee and that permit out right away

We decided to get rid of unnecessary red tape. We're making a lot of progress there. We've basically sunsetted every regulation in the Code of Massachusetts Regulations – 26,000 pages of regulations. We have charged every state agency to make sure whatever regulations they do need protect the health, protect the public safety and protect the environment in a way that is user friendly and business friendly.

Lieutenant Governor Cellucci at the Delaney House

To downsize the government, we've proposed eliminating 5 cabinet secretaries, about 75 state agencies, and 280 boards and commissions. The legislature gave us the 5 cabinet secretaries, but

they didn't want to eliminate all these state agencies. My theory about state government is that for every line item in the budget you have a constituency and a bureaucracy. If you try to eliminate that line item, the bureaucracy and constituency will rise up to defend it.

I'll give you an example. We have two state agencies that basically do the same thing – the Division of Environmental Management and the Metropolitan District Commission – they are both charged to manage the parks, playgrounds, recreation areas and the state forests. We've been trying for 5 years to consolidate those 2 agencies, but we can't do it because the people in those 2 agencies run to the legislature whenever we've tried. We could eliminate 1/2 a billion dollars in taxes, so we're going to try again with the legislature come January.

Bill Weld and I basically believe that the state government should do a few things and it should do those things well. We should protect the *public safety* – it's the number one function of the government. We've built more prisons; we've eliminated early release on parole to put the bad guys away for longer periods of time.

We also believe we should help people in need. That doesn't mean people who don't want to work, but we should certainly help those who are unable to work. We've made some fundamental changes in the welfare laws, that emphasize responsibility. If you're able bodied and your kids are in school, you have to find a job or we'll find you a public sector job. The way to a better life is through work.

We also believe if our economy is to remain strong, we have to make investments in education and training. The 1993 education reform bill doubled the state's contribution to local public schools. But this money is not being given with no strings attached. We are requiring testing – for example at the third grade level to see if they can read and when they graduate from high school. We want to be sure that when you graduate from high school in this state you have the skills you need to live and work in today's world. We are bringing standards and accountability into public education. We are also bringing competition in the form of charter schools. The greatest asset we have in Massachusetts is a skilled and educated work force. The foundation of that must be a good public school system. We also need a first class job training system so as the economy changes workers can get new skills as the technology evolves.

Head table guests at the Fall District Meeting

The last thing we believe state government should do is invest in our economic and environmental infrastructure. I'm talking about clean air, clean water and open spaces. We have added 70,000 acres of new, protected open spaces in the last four years. It is not always easy when you're facing the immediate problems to do things that are going to benefit our children and future generations. This includes our economic infrastructure. You know I was down in Springfield at the expansion of the Basketball Hall of Fame. Tourism is big business in this state. We have to make sure that we have the infrastructure – whether it's roads or bridges or trains – to support it; the kinds of things that because of the economies of scale the private sector can't do.

That's a very short list of what state government should do. I think we've made significant progress on that list. I think that's why the economic situation in the state is what it is today. What we can't do is go back to the old way of raising taxes. Take the cigarette tax; the legislature overrode the governor's veto. We supported insurance coverage for children. We supported helping seniors with their prescription costs. But what we did not support was raising taxes. It's a commitment that we've made that we intend to keep.

One of the success stories is controlling one of the budget busters, Medicaid, through managed care. We said to recipients that you're going to have a primary care physician so that every time you get an earache you don't show up in the emergency room. As a result of moving to managed care and changes we've made in the welfare

Continued on next page

Fall District Meeting

Continued from previous page

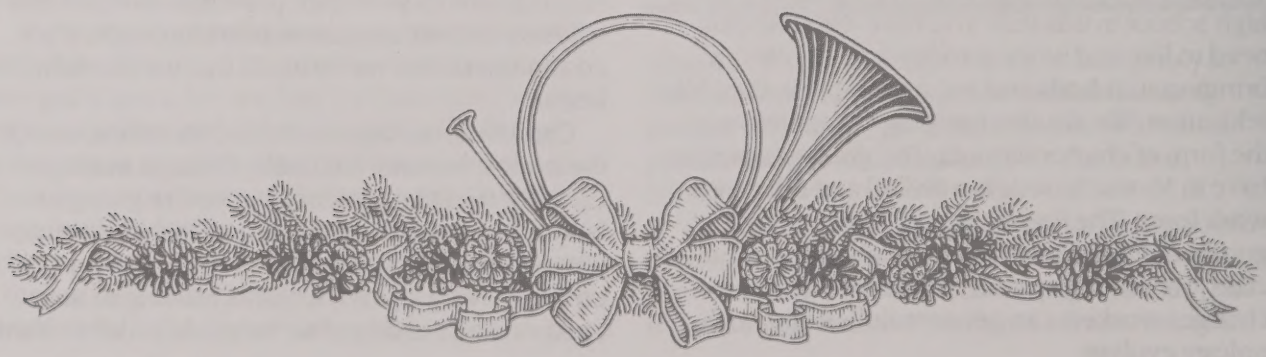
laws, the AFDC caseload has dropped from 114,000 to 83,000. So now the Medicaid budget is only growing at 2 to 3% a year. As a result of this, with the debate that's going on in Washington regarding federal spending for Medicare and Medicaid, we can, with these innovations, get to a point where health care spending can increase, but not in a way that's going to bankrupt the system.

I really do believe that we've made progress these last six years and that we're going to continue to make progress. I've been very proud to work with Governor Weld. I was with him a couple of months ago when he signed that rivers bill. The press office set up the format. The governor and I were supposed to row canoes across the Charles River to the dock where the signing ceremony would take place. I thought it went pretty well for a hot summer day. After the signing the governor was pretty excited and he said, "We have to celebrate. Someone has to go in the water." Then he starts walking down the dock toward me and I thought he was going to throw me in. But he went right by me and dove in shoes, clothes and all, and then held a press conference after. I think he reminded the people of Massachusetts why they like him – he doesn't take himself too seriously and he cares about the people of Massachusetts and so do I.

The lieutenant governor then invited the audience to ask questions. To a query by Hampden District president Dr. Daniel Dress regarding a possible tax on hospitals and providers to bail out the free care plan, he stated that "we don't intend to support such a tax. It's kind of a third rail for us. It's one of the few absolute commitments that we've made to the people of this state. I think it's a question of setting priorities. Some good news. With the welfare bill that the Congress just passed and President Clinton signed, the block grants allotted by this law will return money to the states. Because Massachusetts passed our welfare reform law last year and our caseload has fallen by 31,000, the block grant we're getting is based on 1994 expenditures. So we are going to get, for the next 5 or 6 years, 100 to 150 billion dollars more per year than we are currently spending. One of the things we will certainly look at is whether we can spend any of those monies for health care. A lot of people end up going on welfare because they want to be sure they have health care for their children. So we are going to be looking with the special commission at the problems in the free care and bad debt pool. Charlie Baker, former secretary of administration and finance, is our representative to that committee. That report is due out in December."

When asked about any willing provider legislation, Lt. Governor Cellucci supported more choice for patients but suggested patients might have to pay more. He believes that managed care has worked for Medicaid and has been beneficial to physicians who will "get new patients who continue with them when they get off welfare and get jobs with private insurance." He believes that managed care is making health care affordable and the issue is maintaining freedom for patients as far as possible.

The Worcester District president asked for support for a modification of the malpractice law to enable retired physicians to provide free care to the uninsured through special clinics as has been done in Hilton Head, North Carolina. Cellucci reiterated his support, as a former lawyer, for tort reform but predicted big struggles in the legislature. He suggested that doctors need to be more proactive and vocal with the legislature to achieve this type of reform. ■



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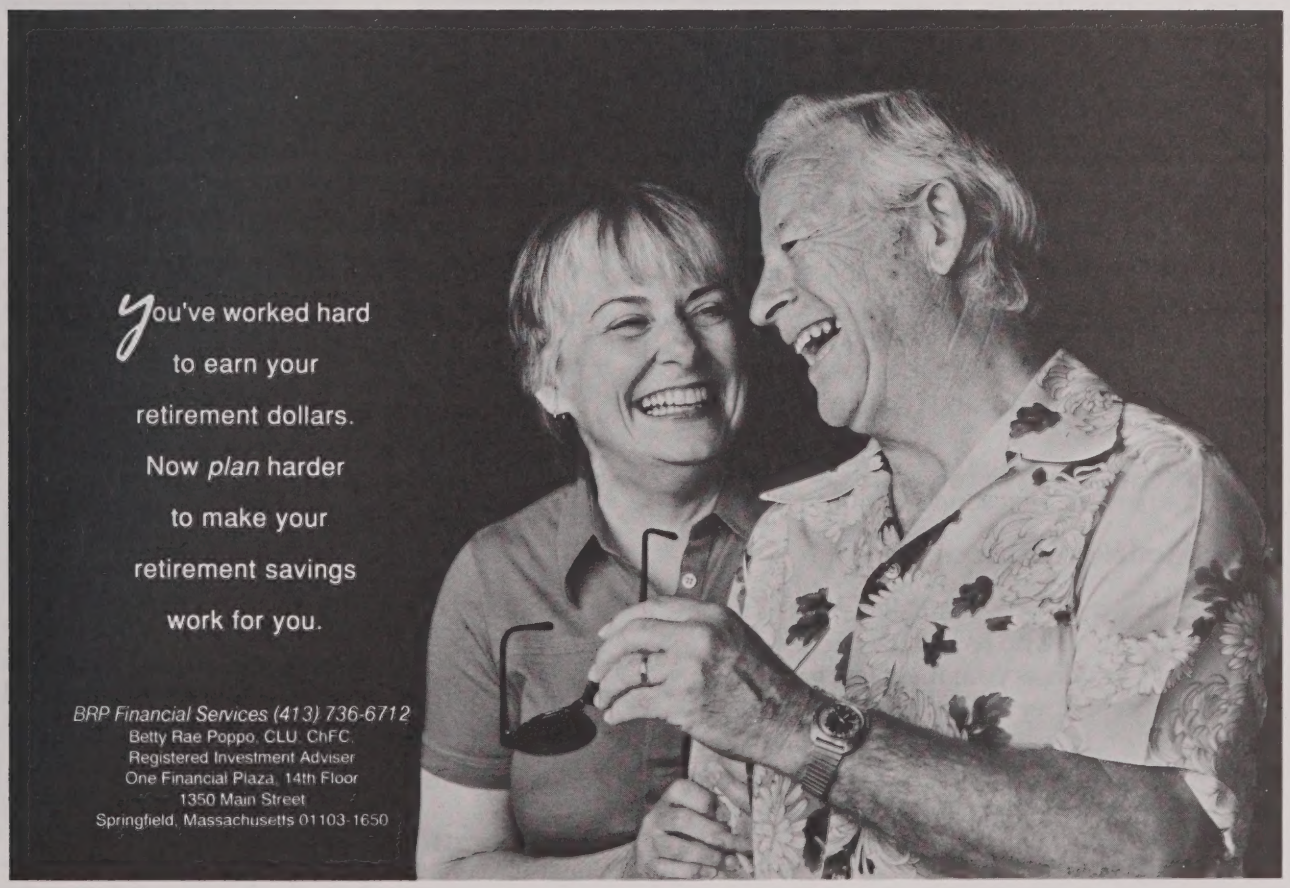

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Electronic mail, or "e-mail," lets you communicate with anyone who has an Internet e-mail address: you address your message, write it on your computer screen, click a button, and your message is on its way – and delivered to the recipient within minutes, whether it's locally, regionally, or internationally. Need to check out a new treatment with a colleague? Find the latest treatment for a particular disease? Internet e-mail can help you find the answers.

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MassMedNet will provide you with your own electronic mail address, if you don't have an address already. If you already have an Internet address, you can take advantage of other MassMedNet services. Use Internet e-mail to communicate with your colleagues – and the MMS, too. With MassMedNet, you can send e-mail to MMS staff and get valuable information you need about medical practice issues, delivered right to your computer.

World Wide Web

The World Wide Web integrates the Internet's text and pictures on attractively designed computer screens, providing users with the most convenient method yet to explore the Internet.

MassMedNet's site on the World Wide Web is the Medical Society's "storefront" on the Internet. At the Medical Society's web site you'll be able to:

- Tap into clinical databases of the National Institutes of Health, the Centers for Disease Control and Prevention, and many more;
- Connect directly to the world's leading medical institutions, from Massachusetts General Hospital to the Mayo Clinic and beyond;

- Get information about MMS programs, products, and services; and
- Send e-mail to MMS staff.

The MMS Web site will contain a members-only area, a "Novice Corner" for physicians new to computing and the Internet, information for physicians in general, and information for the general public on health issues.

Newsgroups

MassMedNet gives you the ability to subscribe to hundreds of newsgroups in the medical and scientific fields. Each newsgroup–actually, a group of Internet users who discuss a particular topic–provides its subscribers with the latest news and perspectives on the subject of interest, whether it's a medical specialty or a new drug treatment. Newsgroup information is a convenient way thousands of Internet users "stay current and connected" to what interests them the most.

MassMedNet Value

While many organizations now provide Internet services to the general public, only MassMedNet serves the specialized medical and clinical needs of MMS members–regardless of age or practice setting. MassMedNet's Web page, its newsgroups, and electronic mail services give you fast, convenient access to the best medical information on the Internet.

With the Medical Society's Internet services, tailored to physicians' needs, you'll be able to harness the power of the Internet–it's 24-hour availability, vast information resources, and connectivity to people and companies worldwide.

Unlike some commercial on-line services, MassMedNet doesn't take a one-size-fits-all approach. It's been created for physicians, by an organization that knows physicians. With MassMedNet you won't have to wade through extraneous data or visit site after site to get what you need–and we'll take your suggestions on how to make MassMedNet better serve you.

The Next Step

For more information about how to sign up for MassMedNet's full dial-up Internet service, call the Massachusetts Medical Society (toll-free in Massachusetts) at (800) 322-2303 or (617) 893-4610, extension 1370. If you already have electronic mail and want to take advantage of MassMedNet, you can also contact us at our e-mail address about how to receive MassMedNet services:

SIGNUP@MASSMED.ORG

And be sure to visit the Massachusetts Medical Society's Web site*:

HTTP://WWW.MASSMED.ORG ■

* You will receive full access to the MMS web site (including members-only areas) when you sign up for a MassMedNet account.

Pass the Torch.

Keep your principles and standards alive. Sponsor a student membership in the American Medical Association and your state and county medical societies. Just call your state or county society for more information. Do it today.

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American Medical Association
Physicians dedicated to the health of America

HMO AMERICA

Ralph B. Pfeiffer, Jr. M.D. is a longtime member of Physicians Who Care.

Welcome to HMO America for your health maintenance[1] is our number one concern[2]. Your call is important so do not hang up. Please select from the following choices: If you think that you have a life or limb-threatening emergency, press one now . . .Welcome to HMO America, we value your call, so stay on the line[3]. If you think that you have a limb or life-threatening emergency and need to go to a hospital before the end of this phone message, do so now. Remember, however, if HMO America determines in hindsight (20-20) that you did not have a limb or life-threatening emergency, you will be responsible for all of the hospital and physician charges which could run into several thousand dollars[4].

All of our nurse managers are currently helping fellow subscribers and the next available manager will get to you as soon as possible.

Please select from one of the following questions: If you are having head pain, press one now. If you are having chest pain, press two now. If you are having abdominal pain, press three now. If you are having leg pain, press four now. If you do not know where the pain is located, press five now. Incidentally, if you are still using a rotary phone, you are going to die.

You have selected item number one, headache. If the pain is in front of your head, press one now. If the pain is in the back of your head, press two now. You have selected number one, pain in front of the head. If the pain has been present for less than one week but greater than an hour, press one. If the pain has been greater than a week, press two.

You have selected number two, chronic headache which has a 95% chance of being a non-emergency. Should you elect to wait until tomorrow to see your gatekeeper HMO doctor rather than going to the emergency room, you will receive ten discount coupons on your next premium payment . . .

You have selected item number two, chest pain as the location of your emergency. There are many causes of chest pain, other than heart attack and the majority can be treated over the phone by our nurse manager[5].

Please select from the following menu concerning your chest pain. If the pain is substernal radiating into the neck or arm, press one now. If there is shortness of breath associated with it, press two now. You have selected item number one, substernal, radiating chest pain. If you have had the chest pain for greater than 30 minutes but less than four hours, press one.

You have selected chest pain for greater than 30 minutes but less than four hours. Please select from the following: press one for yes, two for no: 1) Did you eat any spicy foods that may have caused heartburn? 2) Have you ever had this pain before and it did not kill you? (Remember press one for yes and two for no.) 3) Has your mother-in-law visited? 4) Are you currently taking medications for heart disease? If so, please spell these medicines out on your convenient touch-tone telephone and remember to press the pound sign after each medication.

You have scored an eight out of ten on our automated health maintenance system. If you still want to talk to one of our nurse managers, press one. If you think the problem has "terminated," please hang up now as other fellow subscribers may be trying to call our system.

Your call is important so do not hang up. You have selected one, so please do not hang up, your call will be answered by the next available nurse manager . . . All of our nurse managers are currently helping fellow subscribers and the next available manager will get to you as soon as possible . . .

If you feel that you have made this call in error, please hang up now. Thank you for using our health maintenance system for your health[6]. Have a nice day. Tell a friend or family member about our plan and if they qualify[7], you will receive 10% reimbursement on your next premium. Have a nice day and remember the next time you or your family needs health care think of HMO America, where we manage your care so your physicians[8] do not have to. ■

[1] "Health Management."
[2] We want healthy people who do not need medical care
[3] If you do not die first. A paid-up subscriber who dies at home costs nothing.
[4] See section B-3 of your subscriber's manual.
[5] RN or LPN who receives bonuses for discouraging health access.
[6] Corporate profits is our primary concern.
[7] Healthy ones only
[8] Self-centered, money grubbers

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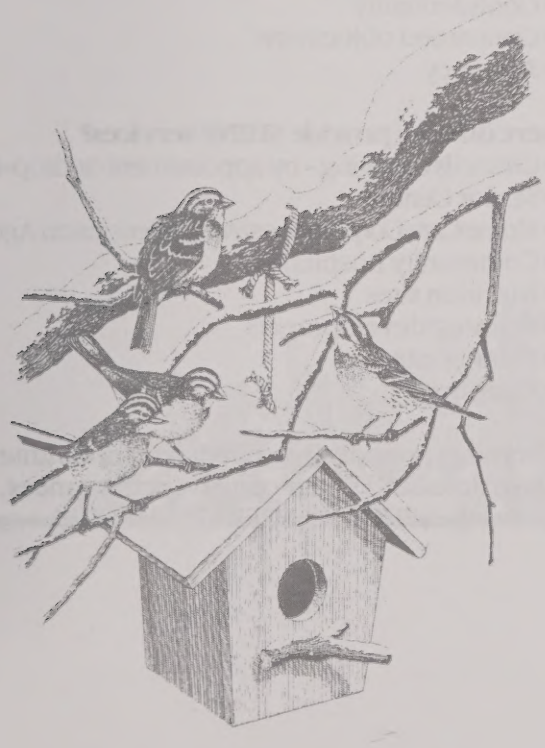

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SHINE Facts

Editor's Note: Dr. Bruce Stolar, a radiologist retired from the Providence Hospital commends the following program to fellow Hampden District physicians interested in volunteer work.

What is the SHINE Program?

SHINE is a health benefits counseling program sponsored by the Massachusetts Executive Office of Elder Affairs, in conjunction with a network of municipal Councils on Aging. This service is provided by a network of volunteer health benefit counselors who have been trained and certified by Elder Affairs.

What is the purpose of the SHINE Program?

The purpose of the Program is to ensure that elders have access to accurate, unbiased information regarding health insurance and health care options.

How is the program administered?

At the state level, the SHINE Program is administered by the Executive Office of Elder Affairs. The roles include: supervision of regional Programs, curriculum development, curriculum training, standards development, data collection and reporting, conference and forum organization, and public relations.

At local level, the SHINE Program is managed by Gail Noe, Coordinator. The SHINE coordinators are employees of the Regional SHINE Program's Lead Agency. Coordinators are responsible for operations at the local level, including: supervision of volunteer health benefit counselors, volunteer recruitment and screening, data collection and reporting, volunteer scheduling, outreach, and community relations. Coordinators must be certified SHINE counselors.

Who are SHINE counselors?

SHINE volunteer counselors are the heart of the program and are mostly elders who have received extensive training in many areas of health insurance and health benefit options for elders.

What do SHINE counselors do?

- Assist elders in understanding their health insurance needs.
- Provide health insurance information
- Inform elders of their rights under Medicare
- Conduct individual sessions
- Assess client information/assistance needs
- Help with claims filing
- Provide claims advocacy
- Follow up and prepare reports
- Make referrals to appropriate agencies.

What are the counselor's major responsiblities?

- Commitment (to learn, to serve)
- Non-conflict of interest
- Training and certification
- Confidentiality
- Concerned objectivity
- Accuracy

Where do they provide SHINE services?

- Councils on Aging - by appointment or drop-in
- Senior Centers
- Home Care Corporations/Area Agencies on Aging
- Community hospitals
- Nutrition sites
- Housing developments
- Home visits
- Telephone

Service is provided by scheduled appointment, drop-in times and under certain circumstances, home visits. SERVICES–FREE OF CHARGE!

What qualifications are required of a SHINE counselor?

- Ability to get along with others
- Sensitive, caring attitude
- Willingness to learn, and ability to retain information about health insurance, claims filing, and participation in continuing education.
- Willingness to report counseling data
- Willingness to serve scheduled hours
- Good written and oral communication skills

What is the certification training process?

The initial certification, which is the foundation includes:

- Medicare
- Medicare supplements
- Health Maintenance Organizations
- Long-term care insurance
- Medicaid
- Public Benefits such as QMB/SLMB and/or free drugs
- Other health insurances
- SSI–Supplementary Security Income
- Claims processing/appeals
- Counseling skills/internship

The ongoing certification includes attendance at, and participation in, respective local Regional Program meetings, and continuous education training. These are determined by the local Regional SHINE Coordinator and State Program Director.

How many counselors in the SHINE program?

There are approximately 420 counselors in the state of Massachusetts.

How many clients do we serve?

In 1995 the SHINE Program served 37,000 clients statewide. most of these services were provided at local Councils on Aging and Senior Centers, along with local Home care agencies and hospitals.

What was the financial benefit?

Amount saved for 1995–Approximately $3, 612,000. This was accomplished by obtaining reimbursements from insurance companies, appealing claim payment denials, applying for free drug assistance, and discontinuing excessive insurance coverage.

How do you contact a SHINE Counselor?

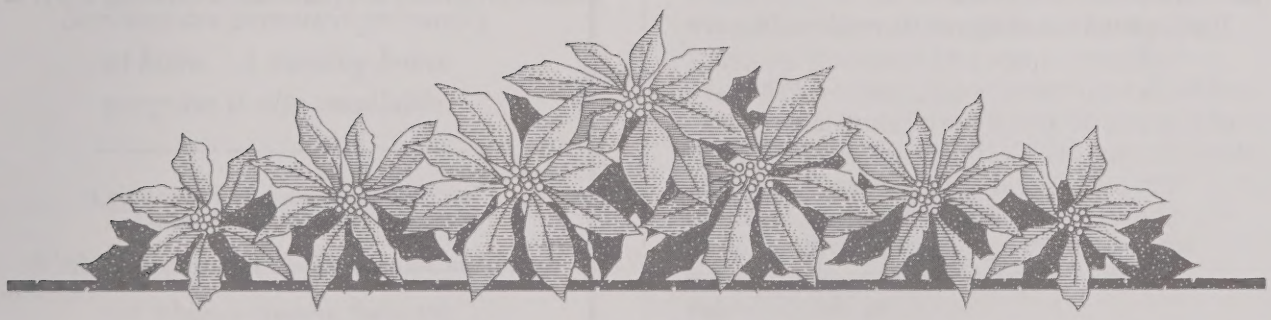
In Hampden County you would call the SHINE Coordinator's office at (413)827-7649 or 1-800-307-4463 outside the Springfield area.

There are 26 locations in Hampden county. Please call, we will refer you to the location near you.

The Director of the SHINE Program statewide is located at the Executive Office of Elder Affairs and may be reached at 1-800-882-2003.

How much does this service cost?

The services of the SHINE Program are FREE Of CHARGE!



Literature and the Professions

Crystal L. Hogan is the Regional Coordinator for the West Central Regional Office for the Massachusetts Medical Society.

I recently discussed the Literature and the Professions Seminars concept with Sanford Lottor who is the Director of Literature and Professions Humanities Seminars.

Literature and the Professions Seminars were "designed for busy professionals who don't take time to reflect on what it is they do in their public and private lives. This program gives them an opportunity to do that through great literary works" (Lottor). By reading, listening to, and sharing their impressions of these stories in comfortable, small group settings, physicians recognize themselves or their colleagues in the characters. They realize a deeper understanding of their professional roles, the power they exercise, and the challenges and pressures they face.

"Literature helps us to understand ourselves - it's a light that illuminates our own lives" (Lottor).

Through reading great literary texts, physicians have an opportunity to discuss complex social, moral, and ethical issues they face each day. They soon realize that the issues they are facing are not unique to them, and that there are many lessons that can be learned from the literary characters, as well as from their colleagues participating in this seminar.

Participants are assigned three short literary texts (usually less than 100 pages each) to read before the seminar. The free-flowing , lively discussion format touches on pertinent issues in a physician's life.

The interwoven themes of judgement, human choice, ethical conflict, and power, and how they affect decision-making are of prime importance. Participants have an opportunity to explore science and its relation to certain problems of conscience, risk-taking, interactions between physicians and patient and physician and survivor, and professional conduct.

Sanford Lottor, co-founder of this program sixteen years ago while at Brandeis University, retired from Brandeis two years ago, and is now Director of Humanities and Leadership Seminars. In the words of one physician, "this program is an excellent one. The practice of medicine is so complex that studying literature may be one of the best tools to try to understand and improve the doctor-patient relationship."

Additional workshop facilitators include Wayne Wild, M.D., M.A. (English Literature) and Robert Szulkin, Chair of Germanic and Slavic Languages, Brandeis University.

The Massachusetts Medical Society is pleased to offer this unique program for physicians. Future programs are planned for spring, 1997. ■

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In Memoriam

Dr. David E. Booker, M.D., 78, of Silver Street, an obstetrician and gynecologist at Baystate Medical Center and Wing Memorial Hospital-Community Health Center, died September 28 in BMC.

He had been affiliated with BMC-Wesson Women's Division since 1952, and with Wing Memorial Community Health Center since 1967.

Born and schooled in Hardin, KY, he was graduated from the Murray State Teachers College in Murray, KY, in 1939, with a bachelor's degree in chemistry and biology.

He taught biology at Greenville, KY, High School in 1939-41 before attending the University of Louisville School of Medicine in Louisville, KY. He was graduated in 1944.

He was a navy lieutenant in World War II.

He received his resident's training in obstetrics and gynecology at the University of Louisville School of Medicine in 1945-48.

He entered private practice in Springfield. He was affiliated with Cooley Dickinson Hospital in Northampton in 1973-86, and Wesson Memorial Hospital, Ludlow Hospital, and Holyoke Hospital.

He worshipped at the Wilbraham United Church for 30 years.

He was a member of the New England and Western Massachusetts Obstetrics and Gynecological Societies, the American Medical Association, and the American College of Obstetrics and Gynecology.

He was a senior instructor at the Tufts University School of Medicine, a member of the Tri-State Regional Medical Program Committee, a medical adviser to the Springfield Visiting Nurse Association, an adviser to the International CEA, and a member of the Alpha Omega Alpha.

He leaves his wife of 50 years, the former Jean Madden; three sons, David E. of Averill, NY, and John B. and Richard M. of Monson; a daughter, Patricia A. Booker of Monson; a sister, Ruth Darnell of Benton, KY, and several grandchildren.

Memorial Contributions may be made to the United Church, 50 Main St., Wilbraham; Baystate Health Systems, Development Office, 759 Chestnut Street, Wesson Women's Unit 5, Springfield, 01199, or Wing Health Systems (attention Financial Services), 40 Wright St., Palmer, 01069. ■

Second Request:

To The Medical Community

The people of the East Longmeadow United Methodist Church are called to respond to the urgent needs of some of the estimated 700,000 people in the state who have no health insurance or who have inadequate health insurance. Often they are our family, friends, and neighbors who suffer silently in our midst. Recently, our church made the commitment to open a Free Evening Medical and Mental Health Service Program, similar to a Worcester Medical Program founded by Dr. Paul Hart. Now celebrating its third anniversary, that program currently serves an average of 50 patients per night, drawing persons from more than a fifty-mile radius.

At the beginning of May, 1996, we plan to open the free therapy program with a team of ten volunteer therapists. Within the next few months, we plan to open the medical program on Wednesday evenings from 6:00-8:00 p.m. Dr. Paul Hart has graciously offered to direct the medical program here for the first few months to get us started. During that time, he will work with interested physicians from the greater Springfield area.

Preventive care is the focus of our program, with plans to offer blood pressure checks, immunizations, and other injections, pap smears, school check-ups, treatment for minor illnesses, HIV-AIDS testing, free non-narcotic pharmaceuticals, oral cancer screening, social service counseling and psychotherapy.

If making a difference in the lives of people who suffer sounds like good news to you, we invite you to consider joining our volunteer staff of physicians, therapists, nurses, and medical students. Every volunteer is welcome, whether it be occasional service, or a weekly or monthly commitment.

For more information, please contact Beth or Dick Shepardson at 596-3319, or reach me at my office, 525-7416. ■

Grace and Peace
Rev. Janet Smith-Rushton, Pastor

In Memoriam

Dr. Kenneth L. Collard, M.D., 76, of Belchertown, the town's only physician for many years, died November 20 in Mary Lane Hospital at Ware after a long illness.

He was in private practice from 1949 to 1983, and was a past president of the Hampshire County Board of Health Associates, an associate medical examiner of Hampshire County, a school doctor, and a member of the American Medical Association.

He was the chief-of-staff at Mary Lane Hospital, and chairman of the town's Board of Health.

Born here, he was a 1939 graduate of Williston Academy, a 1943 graduate of the University of Massachusetts, and a 1946 graduate of Tufts Medical School. He completed his internship at Methodist Hospital in Brooklyn, NY in 1947.

He served in the Army Medical Corps with the rank of captain.

He was a past chairman of the Congregational Church Board of Trustees, a past master of the Vernon Masonic Lodge, a past district deputy grand master of the 19th Masonic District, a past junior grand warden of the Massachusetts Grand Masonic Lodge, and a past chairman of the local Salvation Army unit.

He also belonged to the Melha Shrine Temple in Springfield, and was a past committee chairman of the town's Boy Scout Troop, a past director of Hampshire National Bank, and a past director of his church's choir.

He leaves his wife, the former Rachel E. Fuller, two sons, John Edward of Fort Lauderdale, Fla., and James R. of Belchertown; a daughter, Barbara Steinmetz of Newmarket, NH; three grandchildren.

Memorial contributions may be made to the Congregational Church, Park Street, Belchertown, or the Vernon Masonic Lodge, Belchertown. ■

New Members Welcome

Lawrence J. Briggs, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: February 14, 1964
Premed: Dartmouth College, New Hampshire 1982-1986
University of New Haven 1988-1989
Medical: University of Connecticut School of Medicine 1990-1995
Internship: UConn System (Hartford Hospital / St. Francis Hospital) 1995-1996
Residency: Baystate Medical Center 1996-present
Fellowship: UConn / John Dempsey Hospital 1992-1993 Post Sophomore Fellowship in Anatomic Pathology
Specialty: Pathology
Resident

Michael A. Dias, M.D.
2 Medical Center Drive
Suite 110
Springfield, MA 01107

Born: November 1, 1965
Premed: University of Maryland 1983-1987
Medical: University of Maryland School of Medicine 1987-1991
Internship: University of Maryland Medical System 1991-1992
Residency: University of Maryland Medical System 1992-1996
Specialty: Otolaryngology / Head and Neck Surgery

Stephen M. Dierks, M.D.
222 Carew Street
Springfield, MA

Born: June 3, 1963
Medical: University of Texas 1989
Internship: Washington University / Barnes Hospital, Missouri 1990-1991
Residency: Washington University / Barnes Hospital, Missouri 1991-1996
Fellowship: Washington University 1989-1990
Specialty: Urology

Maria Ethel P. Evales, M.D.
18 Hospital Drive
Holyoke, MA 01040

Born: September 25, 1962
Medical: Cebu Institute of Medicine, Philippines 1988
Internship: Overlook Hospital, New Jersey 1992-1993
Residency: Overlook Hospital, New Jersey 1993-1995
Specialty: Pediatrics

Galen H. Hostetter, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: September 22, 1960
Premed: West Chester University, Pennsylvania 1981-1985
Medical: University of Pennsylvania Medical School, PA 1988-1993
Internship: Fairfax Hospital 1994-1995
Residency: Fairfax Hospital 1995-1996
Baystate Medical Center 1996-Present
Specialty: Pathology
Resident

Matthew J. Kane, M.D.
Medical West Associates
230 Main Street
Agawam, MA 01001

Born: January 17, 1956
Premed: St. Lawrence University 1974-1978
Medical: State University of New York, Buffalo 1978-1982
Internship: Buffalo University Program 1982-1983
Residency: Baystate Medical Center 1983-1985
Specialty: Internal Medicine

Continued on next page

New Members Welcome

Continued from previous page

Susan S. Labarthe, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: November 5, 1942
Medical: University of Vermont School of Medicine1996
Internship: Baystate Medical Center 1996-present
Specialty: Internal Medicine
Intern

Mrinal S. Mali, M.D.
Providence Diagnostic Imaging
271 Carew Street
Springfield, MA 01104

Born: July 10, 1961
Medical: Grant Medical School, Bombay, India 1983
Internship: J.J. Group of Hospital, Byculla, India 1983-1984
Residency: Albert Einstein Hospital / Montefiore Medical Center, New York 1989-1991 Nuclear Medicine
St. Elizabeth's Hospital, Ohio 1991-1994 Radiology
Fellowship: Allegheny General Hospital, Pennsylvania 1994-1995 Neuroradiology
Specialty: Neuroradiology

Serge A. Martinez, M.D.
Kaiser Permanente
46 Daggett Drive
West Springfield, MA 01089

Born: December 31, 1942
Premed: University Notre Dame 1960-1961
St. Procopius College 1964-1965
Medical: University of Miami School of Medicine 1965-1969
Internship: National Naval Medical Center, Maryland 1969-1970
Residency: National Naval Medical Center, Maryland 1970-1974
Specialty: Otolaryngology

Adam H. Mandel, D.O.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: January 21, 1965
Medical: University Health Science College of Osteopathic Medicine 1994
Internship: Baystate Medical Center 1994-1995
Residency: Baystate Medical Center 1995 - present
Specialty: Emergency Medicine
Resident

Teresa K. Mitchell, M.D.
180 Denslow Road
Suite 2
East Longmeadow, MA 01028

Born: March 20, 1963
Premed: Case Western Reserve University, Ohio 1979-1983
Medical: University of Cincinnati College of Medicine 1983-1987
Internship: Children's Hospital Medical Center, Ohio 1987-1988
Residency: Children's Hospital Medical Center, Ohio1988-1990
Fellowship: Boston Children's Hospital, Boston, MA 1993-1994
Specialty: Pediatrics

Bentley A. Ogoke, M.D.
Mercy Hospital
271 Carew Street
Springfield, MA 01104

Born: April 22, 1958
Medical: University of Nigeria College of Medicine & Dentistry, Nigeria 1981
Internship: College of Physicians & Surgeons of Columbia University, Harlem Hospital Center, New York 1988-1989
Residency: College of Physicians & Surgeons, New York 1989-1991 (Internal Medicine)
Beth Israel Medical Center, New York 1991-1993 (Anesthesiology)
Montefiore Medical Center, New York 1993 (Anesthesiology)
Fellowship: Baystate Medical Center January 1995-December 1995 (Pain Management)
Specialty: Internal Medicine / Anesthesiology/ Pain Management

Sherry L. Phippen, M.D.
2 Medical Center Drive
Suite 402-404
Springfield, MA 01107

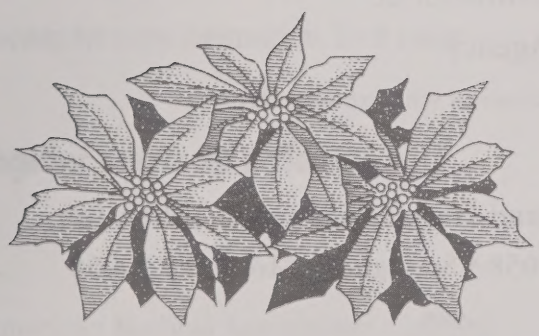
Born: April 4, 1963
Medical: New York Medical College 1990
Internship: Baystate Medical Center 1990-1991
Residency: Baystate Medical Center 1994-1996
Fellowship: Baystate Medical Center 1992-1993 (ICU Fellowship)
Specialty: General Surgery

T. Britton Percy, M.D.
West Springfield Medical Care
1132 Westfield Street
West Springfield, MA 01089-3862

Born: March 15, 1967
Medical: University of Cincinnati College of Medicine, Ohio 1993
Internship: Baystate Medical Center 1993-1994
Residency: Baystate Medical Center 1994-1996
Specialty: Internal Medicine

J. Mark Peterman, M.D.
Medical West Associates
444 Montgomery Street
Chicopee, MA 01020

Born: September 11, 1949
Medical: Temple University School of Medicine 1975
Internship: Baystate Medical Center 1975-1976
Residency: Baystate Medical Center 1976-1979
Fellowship: Baystate Medical Center 1986-1989
Specialty: Internal Medicine / Cardiovascular Disease



David B. Tashjian, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: September 2, 1970
Premed: Amherst College, Massachusetts 1988-1992
Medical: New York Medical College 1992-1996
Internship: Baystate Medical Center 1996-present
Specialty: General Surgery
Intern

Robert J. Willis, M.D.
77 Winsor Street
Ludlow, MA 01056

Born: February 28, 1951
Medical: University of Massachusetts Medical School 1980
Internship: Baystate Medical Center 1980-1983
Residency: Baystate Medical Center 1980-1983
Specialty: Pediatrics

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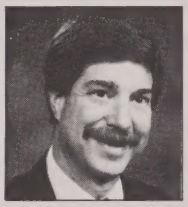
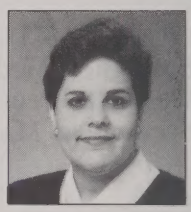
- malpractice claims due to inadequate informed consent?
- reducing estate taxes, and protecting assets from creditors' claims?
- providing for the orderly disposition of your practice in the event of death or disability?



Attorney
Arthur W. Price

Arthur W. Price and Michele J. Feinstein, partners in Cohen, Rosenthal have more than twenty-five years of combined experience in representing area physicians in their practices and individually. They counsel solo and group practices in their day to day business as well as in their planning for growth or extraordinary concerns. They also advise physicians on personal and family problems.

Call Arthur W. Price or Michele J. Feinstein to discuss your practice or personal concerns. We're here to help.



Attorney
Michele J. Feinstein

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In Memoriam

Dr. Louis A Izenstein, M.D., 84, of 25 Oxford St., a 50-year physician, died August 24 at home. He started practicing internal medicine and endocrinology in 1941. Born here, he attended Springfield and New York City schools. He was a graduate of Chestnut Junior High School here, and Yeshiva High School in New York City.

He received a medical degree from the University of Cincinnati School of Medicine. He served his residency in internal medicine at Jewish Hospital in Cincinnati, and his fellowship in metabolic diseases at Mount Sinai Hospital in New York City.

He was an Army major in England during World War II.

He was a past president of the Kodimoh Synagogue, and a founder and past president of the Heritage Academy.

He belonged to the American College of Physicians and the Endocrine Society, was a former physician-in-chief at Baystate Medical Center, and was past president of the medical staff there.

He was a clinical professor of medicine at the Tufts University School of Medicine, was a founder of the Pioneer Valley Diabetes Association, and was in the Massachusetts Medical Society, the American Medical Association, the Hampden District Medical Society, and the Maimonides Medical Society.

He was an officer of the American Physicians Fellowship for Israel. He received the 1993 internist of the year award from the Massachusetts Chapter of the American College of Physicians.

He leaves his wife, the former Yetta Silver; a son, Dr. Barry of Longmeadow; a daughter, Barbara Ellis of New York City; a sister, Ruth Hatow of Enfield, and four grandchildren.

Memorial contributions may be made to the American Diabetes Association, P.O. Box 61210, Longmeadow, 01106, or the Kodimoh Synagogue, 124 Sumner Ave., Springfield, 01108 ■

Short Notes

Pittsfield Sponsored Medical Group Arrives

Valley Medical Associates,a five-physician group practice has opened at the Liberty Medical Arts Building at 125 Liberty Street in Springfield. Each of the five physicians completed an innovative four-year training program at Baystate Medical Center in Springfield, qualifying them as both internists and pediatricians. Because of this training, every member of the group is able to offer expertise in caring for patients of all ages.

According to physician Albert Cennarazzo, "Our perspective on practicing medicine is to care for whole families whenever possible. We feel this enables us to better understand family histories, dynamics and lifestyle issues."

The physicians, Drs. Michael D'Alessandro, Albert Cennerazzo, Philip Doherty, Lise Glading-DiLorenzo, and Paul Helmuth, participate in a wide variety of health insurance plans. New patients are welcome and walk-in patients are encouraged to come in at any time. For more information about the practice or current office hours, call (413) 739-0669.

Valley Medical Associates has strong established relationships with area specialists and admits patients to both Baystate Medical Center and Mercy Hospital.

The group is affiliated with Berkshire Physicians & Surgeons, P.C., a Pittsfield-based group practice with over eighty primary care and specialist physicians, serving the healthcare needs of over 100, 000 people in Massachusetts and Connecticut. ■

Mercy Names Vice President of Medical Affairs

Vincent J. McCorkle, President and CEO, Mercy Hospital and Providence Hospital, and Executive Vice President, Massachusetts Integrated Delivery Network, Sisters of Providence Health System (SPHS), has announced the following appointment:

Herbert J. DiMeola, M.D. has been named Vice President of Medical Affairs, Mercy hospital. Dr. DiMeola received his degree from Albany Medical College and completed his residency at Hartford Hospital, followed by a post-doctoral fellowship in kidney and metabolic diseases at Yale University School of Medicine. He is a Diplomate of the American Board of Internal Medicine and is board certified in Nephrology. He was formerly vice president of medical affairs for Johnson Memorial Hospital, Stafford Springs, CT. ■

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The Last Word

A Different Viewpoint

To the Editors,

The current issue of the **Hippocrat** (Fall, 1996) presents three articles in which Physician-Assisted Suicide is either the topic, or is a prominent feature. I was offended by the statements of Nancy Dickey, M.D. (spokesperson for the AMA) whose position she defended, but since she acknowledged (a bit grudgingly) that there is a different view in the membership, I have decided to offer my view.

Admittedly, I am a retired surgeon, a member of the graduating class of WRU '41, a large proportion of which refused to join in the recitation of the Hippocratic Oath, as it was being administered to the graduating class. The oath has since been replaced with a more liberal modern one. And admittedly, as I was informed by the late Dr. James Hartshorn, I was known as a "maverick" member of the Hospital Staff, where I worked.

It seems to me that a physician should be able to respond to a responsible patient's cry for help, without fear, since usually that physician has the needed know how, and not infrequently is willing to use it, for patients whom he knows, even in the U.S., where there are definite risks. Dr. Dickey's description of the AMA attitude indicates to me that the AMA is "punting", i.e., not facing the issues: she refers to training physicians to "ease the dying process" and "aggressively increase our efforts to educate physicians . . .in treating physical pain . . ." whereas, as Dr. Dress points out, in his "Message", "most patients who requested physician assisted death were most concerned about losing control, being a burden, being dependent, and losing dignity. Intolerable physical symptoms were not the reason most of the patients in this study requested physician-assisted suicide or euthanasia."

We should also know that all over the United States there is a prominent and growing mood in favor of self-determination of both the time for- and manner of- dying, by those who are called upon to consider their own demise (in the foreseeable future or any time). The people of Oregon passed the "Death with Dignity Act" by a significant margin in a ballot issue last November; Two Federal District Courts have passed rulings nullifying state laws against physician-assisted suicide; and there is a nation-wide growth in the membership of the Hemlock Society, an organization that is promoting legalization of physician-assisted suicide. In other words: it is the wave of the future - the people want it. It is our privilege to have the expertise; we should not ignore a call for "HELP"! ■

Lewis W. Whiting, M.D.

Remembering Wesson Women's and Doctor Booker

To the Editor,

Western Mass. has recently witnessed two related passages which went relatively unheralded. One of these was the razing of Wesson Women's Hospital. The other was the recent death of Doctor David Booker. These two "institutions" paralleled each other for forty years in the service of women's health care in our community.

Dr. Booker arrived here from Louisville, Kentucky in the 1950's, around the time that the "new" Wesson Women's hospital was born. All who knew him appreciated his extraordinary dedication to the practice of medicine, his sense of humor, and his genteel bedside manner. In addition, his teaching skills were legendary. After having named him the outstanding educator in obstetrics for several years in a row, the residents at Wesson Women's finally established the Dr. David Booker teaching award in order to give others a chance at the honor.

Unfortunately, Dr. Booker became seriously ill a few months ago. In addition to sadness at his incapacitation, his family and friends were particularly struck by the irony of his lingering until the old hospital's last bricks fell. He was a luminary, and will be sorely missed. ■

David L. Shifrin, M.D.

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Happy New Year!

As we begin our 101st year of meeting the health needs of area residents, Mercy Hospital is pleased to add maternity care to the list of our high-quality services. The Family Life Center, our newest addition to the Mercy campus, features 12 LDRP rooms in an inviting, homelike setting. The latest technology, an experienced staff, and personalized care make the Family Life Center a special place for families. To learn more about the Family Life Center, or to arrange a tour, call (413) 748-7295.

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